

# CLAIMS ONLY

SERIAL NO. *167 543 57* FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3	1					
4		1				
5		1				
6		1				
7						
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	4					
TOTAL CLAIMS	6					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS